



CITY OF RIO RANCHO
WASTEWATER SURVEY FOR
NONRESIDENTIAL ESTABLISHMENTS

SECTION A – GENERAL INFORMATION

1. Company Name: _____

Mailing Address: _____

Telephone Number: (____) _____

2. Address of production or manufacturing facility (If same as above, check__):

3. Person authorized to represent this firm in official dealings with City of Rio Rancho representatives.

Name: _____

Title: _____

Telephone Number: _____

4. Alternate person (name, title, telephone number) to contact concerning information provided herein.

Name: _____

Title: _____

Telephone Number: _____

5. Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, meat packing, food processing, etc.).
- _____
- _____
- _____
6. Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts:
- _____
- _____
- _____
- _____
7. Standard Industrial Classification Number(s) (SIC Code) for your facilities: _____
8. Does this facility use fats, oils or greases? ☐ Yes ☐ No
Is a grease trap present? ☐ Yes ☐ No.
9. Does this facility use chemicals (excluding household cleaning items) in retail quantities? ☐ Yes ☐ No
- Are these chemicals stored onsite? ☐ Yes ☐ No
- List the type and quantity of chemicals used or stored at the facility.
- _____
- _____
- _____
10. Does this facility have floor drains? ☐ Yes ☐ No

11. This facility generates the following types of wastes (check all that apply):

Average gallons per day

- | | | |
|--|-------|--|
| a. <input type="checkbox"/> Domestic wastes
(restrooms, showers, sinks,
drinking fountains etc.) | _____ | <input type="checkbox"/> estimated <input type="checkbox"/> measured |
| b. <input type="checkbox"/> Cooling water, non-contact | _____ | <input type="checkbox"/> estimated <input type="checkbox"/> measured |
| c. <input type="checkbox"/> Boiler/Tower Blowdown | _____ | <input type="checkbox"/> estimated <input type="checkbox"/> measured |
| d. <input type="checkbox"/> Cooling water, contact | _____ | <input type="checkbox"/> estimated <input type="checkbox"/> measured |
| e. <input type="checkbox"/> Process | _____ | <input type="checkbox"/> estimated <input type="checkbox"/> measured |
| f. <input type="checkbox"/> Equipment/Facility Washdown
(including washing bays, etc.) | _____ | <input type="checkbox"/> estimated <input type="checkbox"/> measured |
| g. <input type="checkbox"/> Air Pollution Control Unit | _____ | <input type="checkbox"/> estimated <input type="checkbox"/> measured |
| h. <input type="checkbox"/> Storm water runoff to sewer | _____ | <input type="checkbox"/> estimated <input type="checkbox"/> measured |
| i. <input type="checkbox"/> Other (describe) | _____ | <input type="checkbox"/> estimated <input type="checkbox"/> measured |

12. This facility's wastes are discharged to (check all that apply):

Average Gallons per day

- | | | |
|--|-------|--|
| a. <input type="checkbox"/> Sanitary Sewer | _____ | <input type="checkbox"/> estimated <input type="checkbox"/> measured |
| b. <input type="checkbox"/> Storm Sewer | _____ | <input type="checkbox"/> estimated <input type="checkbox"/> measured |
| c. <input type="checkbox"/> Surface Water | _____ | <input type="checkbox"/> estimated <input type="checkbox"/> measured |
| d. <input type="checkbox"/> Ground Water | _____ | <input type="checkbox"/> estimated <input type="checkbox"/> measured |
| e. <input type="checkbox"/> Waste haulers | _____ | <input type="checkbox"/> estimated <input type="checkbox"/> measured |
| f. <input type="checkbox"/> Evaporation | _____ | <input type="checkbox"/> estimated <input type="checkbox"/> measured |
| g. <input type="checkbox"/> Septic Tanks | _____ | <input type="checkbox"/> estimated <input type="checkbox"/> measured |
| h. <input type="checkbox"/> Other _____ | _____ | <input type="checkbox"/> estimated <input type="checkbox"/> measured |

Provide name and address of waste hauler(s), if used:

13. Does this facility have a Spill Prevention Control and Countermeasure Plan? ☐ Yes ☐ No

14. Does this facility accept for disposal any septic tank waste (sewage from holding tanks such as vessels, chemical toilets, campers, trailers, and septic tanks)? ☐ Yes ☐ No
15. Does this facility have a Federal RCRA (Resource Conservation and Recovery Act) generator number or does it discharge any waste to the sewer system that is classified as hazardous? ☐ Yes ☐ No

If yes, complete the following HAZARDOUS WASTE INFORMATION:

Name of waste:

EPA Hazardous waste number:

If more than 100 kilograms (220 pounds) of any hazardous waste or any amount of acutely hazardous waste per calendar month is discharged to the sewer, please include the following items of information for each hazardous waste, to the extent such information is known and readily available.

Name of Waste/Pollutant	Mass in Wastestream (this month)	Concentration in Wastestream (this month)	Mass in Wastestream (next 12 months)

I certify that I have a program in place to reduce the volume and toxicity of hazardous wastes generated to the degree I have determined to be economically practical.

Signature of Facility Official

Sign Here>>_____

SECTION B - FACILITY OPERATION CHARACTERISTICS

B.1 Number of employee shifts worked per 24-hour day:

Average number of employees per shift is:

B.2 Starting times of each shift: 1st _____ am - _____ pm
2nd _____ am - _____ pm
3rd _____ am - _____ pm

B.3 Principal product produced:

B.4 Raw materials and process additives used:

B.5 Production process is: ☐ Batch ☐ Continuous
☐ Both ____% batch and ____% continuous

If production is batch, average number of batches per 24-hour day:

B.6 Hours of operation: ☐ _____ a.m. to _____ p.m.
☐ continuous

Is production subject to seasonal variation? ☐ Yes ☐ No
If yes, briefly describe seasonal production cycle.

B.7 Are any process changes or expansions planned during the next three years? ☐ Yes ☐ No If yes, attach a separate sheet to this form describing the nature of planned changes or expansions.

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provided in this questionnaire, which identifies the nature and frequency of discharge, shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR Part 2.

This is to be signed by an authorized official of your firm after adequate completion of this form and review of the information by the signing official.

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

Signature of Facility Official:

Sign Here>> _____

Printed Name:

Date: _____